

LEBANON COUNTY
COMMISSION
ON
DRUG AND ALCOHOL ABUSE

SCA (SINGLE COUNTY AUTHORITY)
ANNUAL REPORT

FISCAL YEAR 2014-2015

JANUARY 19, 2016

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I. SCA MISSION STATEMENT

The Lebanon County Commission on Drug and Alcohol Abuse (LCCDAA) is dedicated to offering substance abuse services at the local level to prevent, reduce or eliminate alcohol and other drug problems through a comprehensive, locally administered community-based drug and alcohol prevention/intervention/treatment system.

II. Background

Type of SCA

The Lebanon County Commission on Drug & Alcohol Abuse (LCCDAA) is a Public Executive Commission. Under this option, LCCDAA is a branch of county government. The Advisory Council functions as an advisory body, and together with the full-time Executive Director, are responsible for planning, coordinating and administering funds for the drug and alcohol services. The Executive Director and staff are employees of the County of Lebanon and the Executive Director reports to the County Administrator.

Oversight

As the Single County Authority (SCA), the Lebanon County Commission on Drug and Alcohol Abuse (LCCDAA) has an advisory board of community volunteers appointed by the Lebanon County Commissioners to provide oversight and advise the agency on the most effective management of services and resources to prevent addiction and to intervene and treat county residents. The LCCDAA Advisory Board has three (3) standing committees, Executive, Treatment and Prevention, which meet on a regular basis.

The FY2014-2015 Lebanon County Commissioners are:

William E. Ames, Chairman
Robert J. Phillips, Vice-Chairman
Jo Ellen Litz, Secretary
Jamie Wolgemuth, County Administrator

Composition and Role of the Board

The role of the Advisory Board is to assist and advise the SCA with regard to planning and implementation of services, budget planning and all areas of SCA operations.

ADVISORY BOARD MEMBERS

| NAME | CATEGORY |
|-------------------------------------|----------------------------|
| Ms. Jennifer Shay Chairperson | Health Care Professional |
| Ms. Olga Stoner Vice Chairperson | Optional |
| Ms. Susan Jaros Secretary | Optional |
| Dr. Michael Fry, Ph.D. | Optional |
| Ms. Sally Barry | Criminal justice / Courts |
| Dr. Stephanie Falk, Ph.D. | Human Service Professional |
| Optional | |
| Ms. Susan Killinger | Optional |
| Mr. Karl Liedtka | Education |
| Ms. Bonnie Loy | Optional |
| Ms. Rosemary Milgate | Optional |
| Rev. Marilyn Nolte | Optional |
| Mr. Michael Weirich, RN | Optional |
| Mr. James Edwards | Optional- Student |
| Mr. William White | Optional |

DEPARTMENT STAFF
Administrative Staff

James R. Donmoyer, Jr - Executive Director

Dennis Good - Director of Fiscal Operations

Melissa Herr – Contract Manager

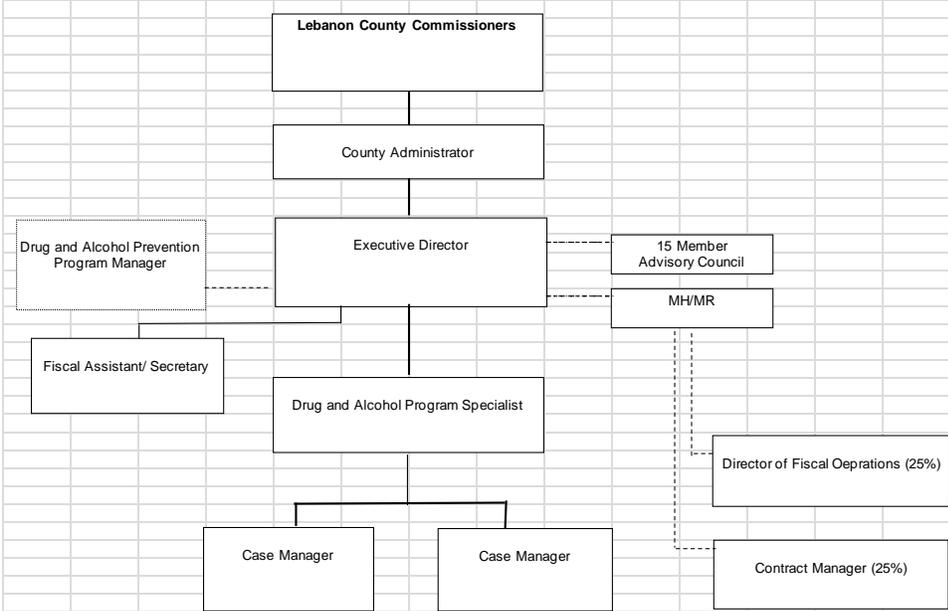
Terri Rudy - Fiscal Assistant/Secretary

Robert Count- Drug & Alcohol Program Specialist

Case Management Staff

Matthew Rys

Brandon Smith



**III. SCA NAME, ADDRESS, TELEPHONE AND NAME OF COUNTY
COMMISSIONERS CHAIRPERSON**

Lebanon County Commission on Drug and Alcohol Abuse
220 East Lehman Street
Lebanon, Pennsylvania 17046
Telephone: (717) 274-0427
Fax: (717) 274-0420

Website: http://www.lebcounty.org/Drug_and_Alcohol/Pages/home.aspx

Lebanon County Commissioners Chairperson: William E. Ames

IV. MAJOR ACCOMPLISHMENTS OF THE SCA

ADMINISTRATION

In response to a steady increase in repeat DUI offenders in Lebanon County, a DUI Court was established in October 2008. This resulted in LCCDAA dropping the DUI treatment restrictions of Act 122, which required second and subsequent DUI offenders to pay for any recommended D&A treatment related to that DUI offense. As a result, an increased number of individuals became eligible for LCCDAA funding. In FY 2013-2014 the DUI Court continued with a total of 27 new individuals who were placed by the courts in the treatment program for that fiscal year. A total of 14 of those individuals placed in the program received SCA funding to participate in the treatment program.

In 2014 the Lebanon County DUI Court program took the steps to become a nationally accredited program.

The Methadone Maintenance Program which opened in May 2006 continues to successfully meet the treatment needs of opioid addiction and is credited with contributing to the reduction of heroin overdose deaths in Lebanon County over the past couple of years. There also has been a corresponding reduction in detoxification and inpatient treatment needs for opiate addictive individuals. The census of the program continued to function at close to full capacity of 280 near the end of FY2014-2015. LCCDAA for FY 2014-2015 provided funding for methadone maintenance for a total of 97 unduplicated individuals.

LCCDAA continues to contract with the RASE Project to provide Buprenorphine services for Lebanon County residents. Originally, LCCDAA contracted to fund six (6) individuals for Buprenorphine, but due to fewer county residents participating in this treatment that number was reduced to four (4) to provide a more comprehensive treatment experience.

LCCDAA administration negotiated service provider contracts. Contracted service providers were successful in meeting the terms of their contract.

The Drug and Alcohol and MH/ID/EI Administrators from the five-county collaborative comprised of Lancaster, Lebanon, Cumberland, Dauphin, and Perry Counties, known as the Capital Area Behavioral Health Collaborative (CABHC), continued their oversight of HealthChoices. The counties work in conjunction with CABHC to administer and oversee their managed care partner, Perform Care. LCCDAA staff continues to serve on a number of various oversight committees, including Executive, Fiscal, Clinical, Consumer Family Focus and the D&A Reinvestment Steering Committee.

PREVENTION

Compass Mark, who replaced long-time provider Pennsylvania Counseling Services- Renaissance (PCS) in 2010, continues as the LCCDAA primary prevention provider. They are now recognized as providing quality services throughout the county for area businesses and school districts. Programs that are evidence -based continue to be emphasized.

During FY2011-2012, LCCDAA completed a combined Treatment and Prevention Needs Assessment. This was a very in-depth process and marked the first time treatment and prevention assessments were combined. A team of community members from various vocations were put together to complete the task. The process included identifying two communities to focus on with the survey efforts. The two communities identified were the City of Lebanon and the Northern Lebanon School District (NLS) areas. The focus of the prevention and treatment efforts of LCCDAA has increased in those areas, both in schools and businesses.

Some of the concerns from past assessments continued in FY2014-2015. Both communities surveyed had identified tobacco, alcohol, marijuana, inhalants and prescription drugs as areas of concern for youth. Illegal and prescription drugs remain areas of concern throughout the county. It was discovered that there was a grant available to secure collection boxes for unused prescription and illegal drugs from the Pa District Attorneys Association, PDAA. LCCDAA and the District Attorneys agreed to partner in this effort. The plan was to get three (3) boxes and have them in secure locations for residents to discard the substances without threat of prosecution. Two (2) boxes were granted with the District Attorney determining where the boxes will be placed. It was hoped a third box would be placed in the Pa State Police (PSP) barracks, but the PSP declined the offer to have a box at the barracks. The boxes are maintained by the Lebanon County District Attorney Detectives Bureau. LCCDAA is responsible for supplying brochures that warn of the risk involved with abusing prescription drugs and agency brochures for those in need of drug and alcohol treatment.

Gambling continues to be a part of the prevention efforts. The state administered grants to SCAs in areas that had a casino. In 2013 grants were issued for two (2) fiscal years of prevention efforts. Prevention provider Compass Mark has the task of educational efforts in county schools and senior activity centers. Some gambling education became a part of the programming that was already being used in county schools. Compass Mark's facilitators are trained in the programs *We know BETtor* and *Stacked Deck*, which are offered to the Lebanon County schools. In 2014-2015 the only program being used is the *We Know BETter* program. They also provide gambling free alternative activities and education in senior centers. As a result of information gathered from the PA Youth Survey, Compass Mark also trained the Student Assistance Program consultants and Core Team members on how gambling can be an addiction, and how it can play a part in other addictions.

INTERVENTION

The high incidence of heroin abuse in Lebanon County continues. The educational/support group, *Families Joined*, formed in March 2003, to support the parents of Lebanon County's youth who struggle with heroin abuse, continues to operate in Lebanon County for FY 2014-2015. A board member, whose family has been affected by heroin abuse, developed and continues to facilitate this group. The group continues providing support to family members of addicts. Pa Counseling Services-Renaissance, a licensed treatment provider, facilitates this group. The group has been successful with weekly attendance averaging 4 to 6 family members. It has expanded to include parents, siblings, grandparents, and extended family.

To gain more information on persons presenting to the Good Samaritan Hospital (GSH) Emergency Room for drug overdoses, LCCDAA met with the head of emergency room at GSH. The result of that meeting was a benefit for both GSH and LCCDAA. LCCDAA reviewed a list of providers GSH maintained through Crisis Intervention. The list was updated by LCCDAA and is now supplied to persons who are interested in possible services related to their overdose. LCCDAA, at the request of DDAP, developed a policy to address overdoses and it was supplied to the GSH and other urgent care locations throughout the County.

TREATMENT

Advanced Treatment Systems (ATS) continues to provide Methadone Maintenance services on the grounds of New Perspectives. New Perspectives of White Deer Run, Inc., located in Lebanon County, continues to provide comprehensive inpatient services, including detoxification and rehabilitation. Both New Perspectives of White Deer Run and Pennsylvania Counseling Services-Renaissance Program provide in-county, outpatient counseling services. Additional treatment providers are under contract to provide treatment services when New Perspectives at White Deer Run, Inc. or Pennsylvania Counseling Services-Renaissance (PCS) cannot accommodate the client or the client requires specialized services. LCCDAA also now contracts with T.W. Ponessa in Lebanon City who became a licensed drug and alcohol outpatient provider in FY 2013-2014.

LCCDAA continues to contract with the RASE Project to provide Buprenorphine services to Lebanon County residents.

LCCDAA funds prison counseling groups for both men and women at the Lebanon County Correctional Facility (LCCF). These groups provide drug and alcohol counseling to inmates during their incarceration.

LCCDAA continues to contract with the Naaman Center as the Charitable Choice option.

LCCDAA issued an RFP for an adolescent outpatient clinic in FY 2013-2014. Health Choices reinvestment funds were being used for this new service. Pennsylvania Counseling Services-Renaissance was awarded the contract and had clinical staff trained in the Contingency Management model of treatment. This model has the adolescent and either a family member or primary caretaker participates in the treatment. From the time of its implementation in FY 2013-2014 through FY 2014-2015, the program has seen a total of 52 adolescents; five (5) females and 47 males.

LCCDAA contracts with treatment providers to provide both culturally competent residential and outpatient treatment services. Nuestra Clinica, located in Lancaster, PA, has also contracted with LCCDAA to provide drug and alcohol treatment services for Lebanon County clients who speak Spanish as their primary language. Pennsylvania Counseling Services, Inc and the Lebanon Treatment Center (methadone clinic) both have bilingual therapists. These agreements ensure that Spanish-speaking clients' needs are met.

Late in FY 2010-2011 and into the beginning of FY 2011-2012, Lebanon County experienced a surge in the use of synthetic drugs, particularly the substances known as bath salts and spice. The LCCDAA Advisory Board and staff took a strong vocal stand in warning the community about the dangers of synthetic drugs, and joined forces with the Adult Probation Department and the Crisis Intervention Program in speaking at the County Commissioners' public meeting, advocating for a ban on the sale of such

products. Synthetics posed a unique challenge for the community due to the extreme behaviors attributed to them. Eventually, Pennsylvania passed laws banning the sales and possession of certain synthetic substances. These laws continue to be updated to address the continuing changes being made to these compounds by the manufacturers of these substances. In FY2014-2015, the use of bath salts has level off, but is still relevant and LCCDAA continues to provide treatment to those individuals who are using synthetic drugs. In May of 2012 Lebanon County experienced problems with the use of Fentanyl by individuals, which resulted in several overdoses and one death. The LCCDAA again joined forces with other community agencies and addressed the problem. In FY2013-2014, Fentanyl once again was found in heroin in Lebanon County, but not to the degree as in the past. The presence of heroin laced with Fentanyl remained a concern in FY2014-2015.

In July of 2014 DDAP implemented a state-wide MA County Jail Pilot Program. The program has SCAs assessing persons while in prison, completing a Medical Assistance (MA) application and then making arrangements for the inmate to go directly from prison to in-patient treatment. The SCA notifies the probation officer the person is appropriate for treatment and the date they can get admitted into treatment. Once approved by the parole officer the CAO office is notified of the projected date of release and when the person leaves for prison for treatment they are MA active. This saves the SCAs money by not having to use any of their budgets to fund these people for treatment. During FY 2014-2015, LCCDAA assessed 16 inmates and made arrangements for them to get treatment. This is an ongoing program throughout the State.

CASE MANAGEMENT

LCCDAA Case Management staff work with providers to streamline the client's ability to access treatment. Case Management staff completed the Department of Drug and Alcohol Programs current training requirements. Case Management staff now serves on several community-based committees. Due to the heroin addiction incidence in Lebanon County, LCCDAA Case Management staff receives additional training in the areas of opiate addiction and treatment modalities. Case Management has had no issues in scheduling assessments within the required seven days, placing clients in treatment and meeting the needs of clients.

LCCDA has two staff members (a case manager & Executive Director) whom are core team members of the DUI Treatment Court Program. The case manager attends yearly trainings for this treatment program.

RECOVERY SUPPORT

HealthChoices reinvestment funds continue to be made available through the Capital Behavioral Health Collaborative (CABHC); these funds are currently being used to implement recovery support services through the hiring of a Recovery Support Specialist in Lebanon County.

HealthChoices reinvestment funds through the Capital Behavioral Health Collaborative (CABHC) are being proposed for Recovery House projects, as well as Recovery Center projects in Lebanon County. In April of 2014, the Miracle Group from Dauphin County agreed to open a recovery, “drop-in” center in Lebanon City. An appropriate location was found and was purchased with re-investment funds. When remodeling of the property is completed the center will provide housing for a limited number of females and a safe haven for people in recovery to hold meetings, use computers and get assistance with any needs they may have. The opening for the center is still undetermined. In FY2014-2015, LCCDAA and The Miracle Group agreed to terminate their agreement and relationship in regards to this re-investment project. LCCDAA is currently under agreement with PA Counseling Services to provide the female recovery house and center services. PCS expects the house to open in FY2015-2016.

Additionally, recovery house scholarships continue to be available through reinvestment funds managed by CABHC.

V. SCA CASE MANAGEMENT SYSTEM

Clients access LCCDAA's screening and assessment services in a variety of ways. Clients may call the LCCDAA office; any Lebanon County licensed treatment provider, or Crisis Intervention. During office hours, a LCCDAA case manager is assigned to screen all phone calls and walk-in clients requesting information related to treatment. Clients exhibiting a need for detoxification services are referred immediately to detoxification providers. LCCDAA staff complete an assessment while the client is in detoxification. At that time, a referral is made to the appropriate level of care. When outpatient services are indicated, the client is assisted by LCCDAA staff to contact a Lebanon County licensed provider to set up an assessment. For inpatient services other than immediate need for detoxification, a LCCDAA Case Manager assesses the client within 7 days, although every effort is made to assess the client within 72 hours or less. Assigned LCCDAA staff complete an assessment using the DDAP-approved assessment tool and PCPC or ASAM. Referral to treatment is made based upon the outcome of the assessment.

Case Management staff completes a level of care assessment for all clients who are seeking outpatient Methadone Maintenance treatment. These clients must also meet the PCPC requirements for Pharmacotherapy. Due to fiscal constraints, LCCDAA reserves the right to restrict the number of slots available for Methadone Maintenance.

LCCDAA makes every effort to make available a wide range of services to the community. However, there are many federal, state and local policies as well as financial limitations, which restrict the type and availability of services. The following list outlines several major restrictions on service availability. This list is designed to be used only as a guideline for professionals who are attempting to obtain LCCDAA funding for a client. This list is not designed to cover every possible situation that may arise. Other restrictions may apply and new ones may be developed subsequent to the date this document was written.

LCCDAA will not fund the following:

1. Services for individuals who are unable to provide written, verifiable proof that they are Lebanon County residents.
2. Services that have been provided without prior written authorization by LCCDAA
3. Services at facilities that do not have a current contract with LCCDAA.
4. Residential rehab for clients with pending legal charges will be addressed on a case by case basis.
5. Residential rehabilitation for a period longer than 28 days. Longer stays will be approved on a case-by-case basis.
6. LCCDAA may fund only one (1) residential rehab service during a 12-month period. Detoxification and outpatient services may be provided at any time during that one (1) year period. The Executive Director, on a case-by-case basis, must approve any exceptions.

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- ~~5.7.~~ Due to fiscal constraints, halfway house services may be restricted to a limited number of clients/slots per year who are personally motivated and meet the PCPC requirements for halfway house placement.
- ~~5.8.~~ Blood or urine analysis tests.
- ~~5.9.~~ Methadone maintenance treatment services may be restricted to a limited number of slots per year, except for pregnant females.
- ~~5.10.~~ Transportation services.
- ~~5.11.~~ Services at facilities that are not licensed by the Pennsylvania Department of Health, Department of Drug and Alcohol Programs(DDAP)
- ~~5.12.~~ Mental health services (except clients for dual-diagnosed treatment which are co-funded by our office and MH/ID/EI)
- ~~5.13.~~ Evaluations mandated by employers.
- ~~5.14.~~ Evaluations, intervention groups, or alcohol safe driving program (ASDP) classes for DUI offenders.
- ~~5.15.~~ Residential treatment for inmates *before* the final 30 days preceding their release date.
- ~~5.16.~~ Detoxification or residential treatment services for clients who are solely in need of shelter.
- ~~5.17.~~ Detoxification or residential services for clients who are not internally motivated for treatment.
- 18. Services which are eligible for funding or reimbursement through private insurance coverage, Medical Assistance, Veteran's benefits, Health Choices, or any other resource (LCCDAA is payer of last resort).
- ~~18.19.~~ Outpatient treatment for persons incarcerated at LCCF in the work release program that do not have an anticipated release date within 120 days.
- 20. Services for illegal aliens (Correspondence from DDAP dated 09/16/02.)

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VI. CLIENT DEMOGRAPHICS

Total Clients Served

During FY 2014-2015, a total of 998 services were authorized for 571 unduplicated clients. This included 736 authorizations for treatment and 262 authorizations for assessments. More detail on the services provided is outlined below. In addition, this full report and additional demographic information can be found on the LCCDAA page of the Lebanon County website:

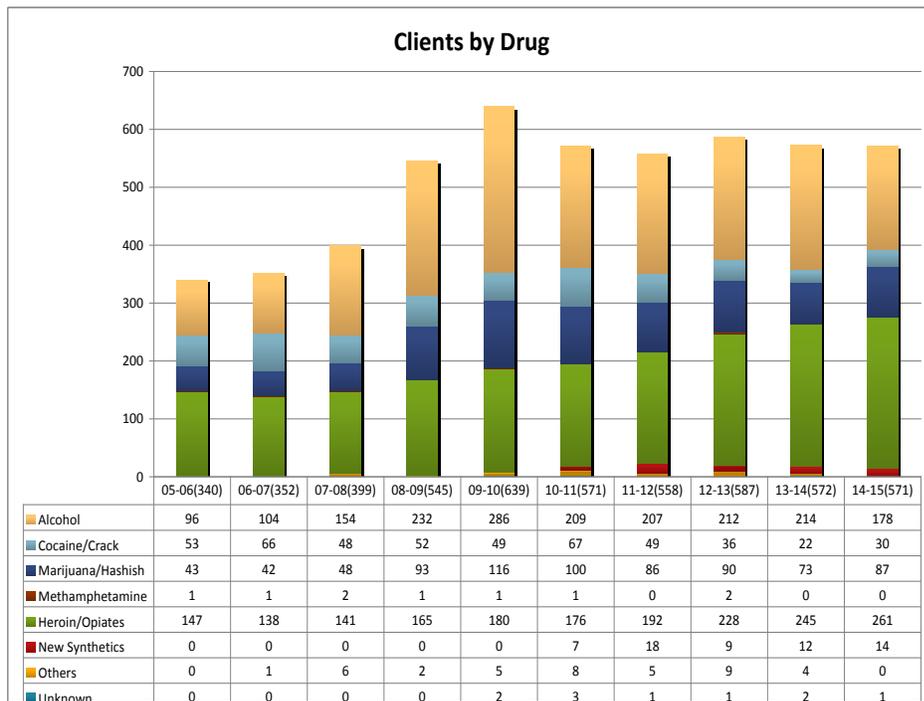
http://www.lebcounty.org/Drug_and_Alcohol/Pages/home.aspx

Breakout by Primary Substances

Overall, heroin remains the most common substance for which the LCCDAA provides treatment. This trend continues since FY 2012-2013 when heroin replaced alcohol as the most common substance abused.

The steady increase in demand for treatment of heroin/opiate users over the past fiscal years showed a dip in FY 2010-2011. After this decline, in FY 2012-2013 this number grew once again.

A new category was added to the report this year to track the new synthetic drugs that became so problematic in 2012. The surge in the appearance of these synthetic designer drugs, in particular bath salts, began late in the prior fiscal year and continued into the beginning of FY 2011-2012. In FY 2010-2011, seven (7) clients presented for treatment using the new substances; this number more than doubled in FY 2011-12 to 18. In FY 2012-2013 this number dipped, slightly, to nine (9). In 2013-2014 the number once again grew to 12 clients presenting for treatment due to the use of the synthetics. While the numbers remain relatively small, the impact on the community continues to be significant.

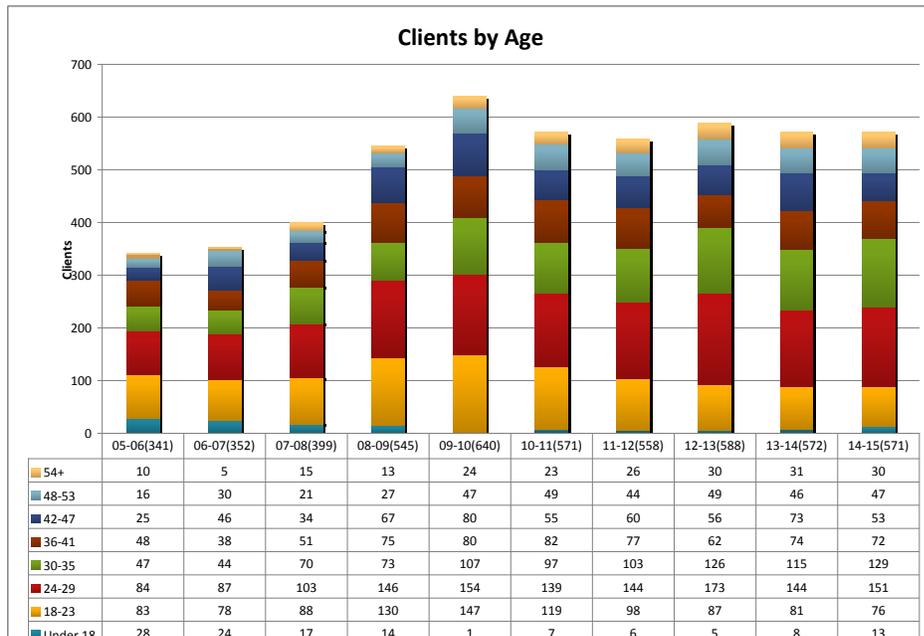


Breakout by Age

The most notable change in clients served by age is in the 24 to 29 age group, which showed a decline from 174 in FY 2012-2013 to 144 in FY 2013-2014.

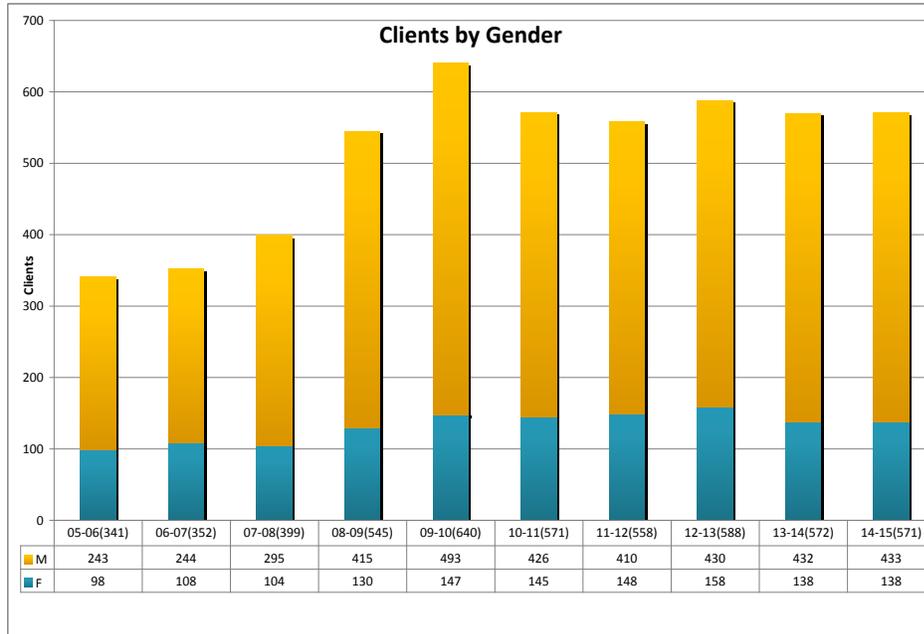
In FY2014-2015 the only group to show much growth was the age group 30-35, which increased by 14.

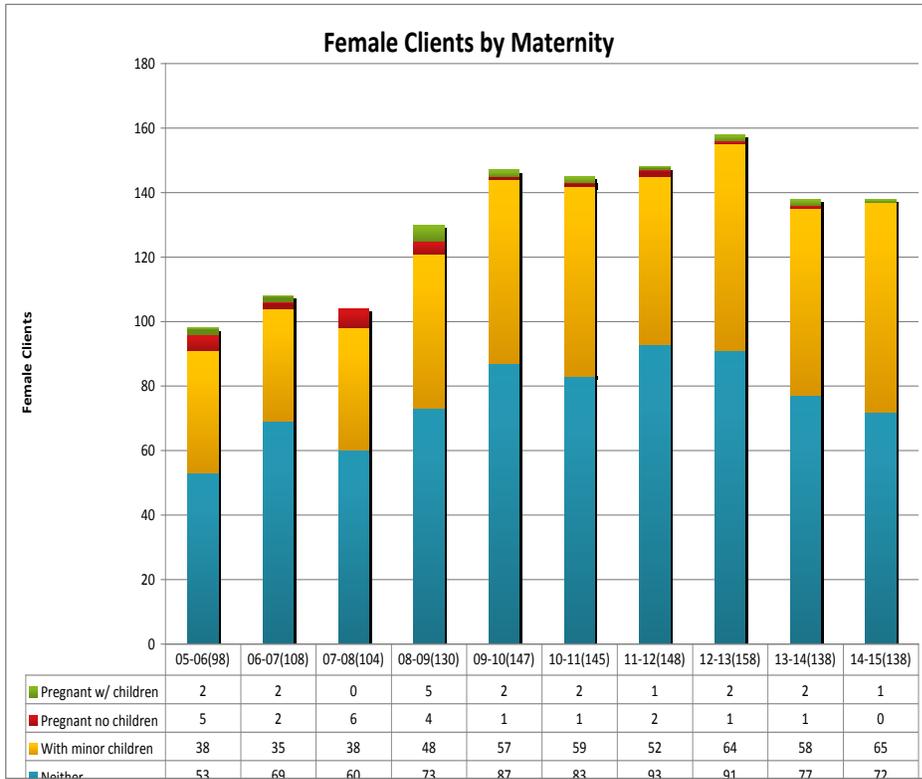
The number of clients served under the age of 18 remains low since the closing of POLARIS and the Alternative Education Program due to budget cuts at the end of the 2008-2009 school year. The numbers rebounded slightly in the past two years, as schools and SAP coordinators contacted LCCDAA more frequently requesting a student be seen for an assessment and possible treatment. FY 2013-2014 showed another increase in this age group. In FY 2014-2015 this age group also showed growth in this age group, increasing by 5.



Breakout by Gender

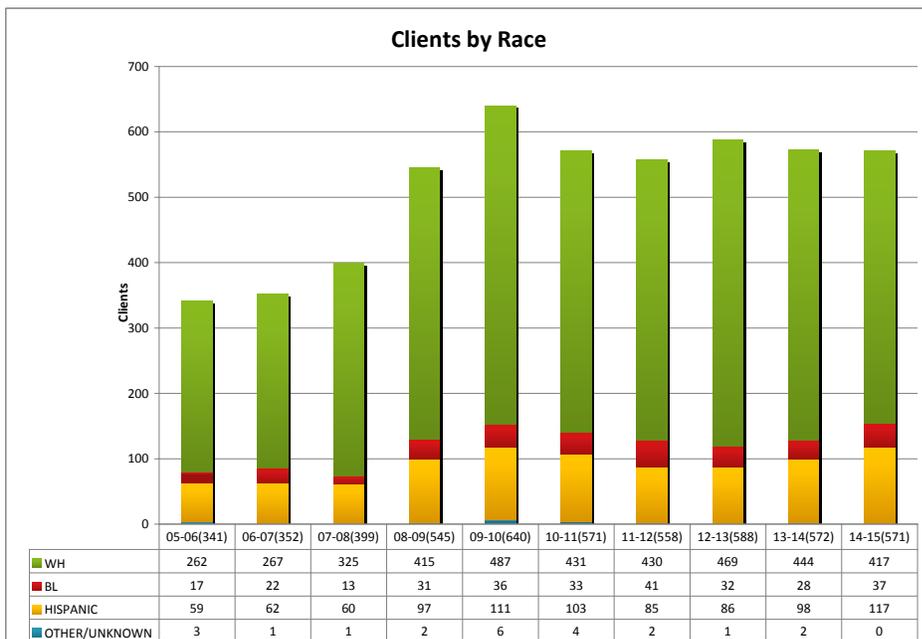
The number of male versus female clients served was similar this year to previous years, but with a decrease in females presenting for possible treatment. The breakout of female clients by maternity has also remained very stable.





Breakout by Race

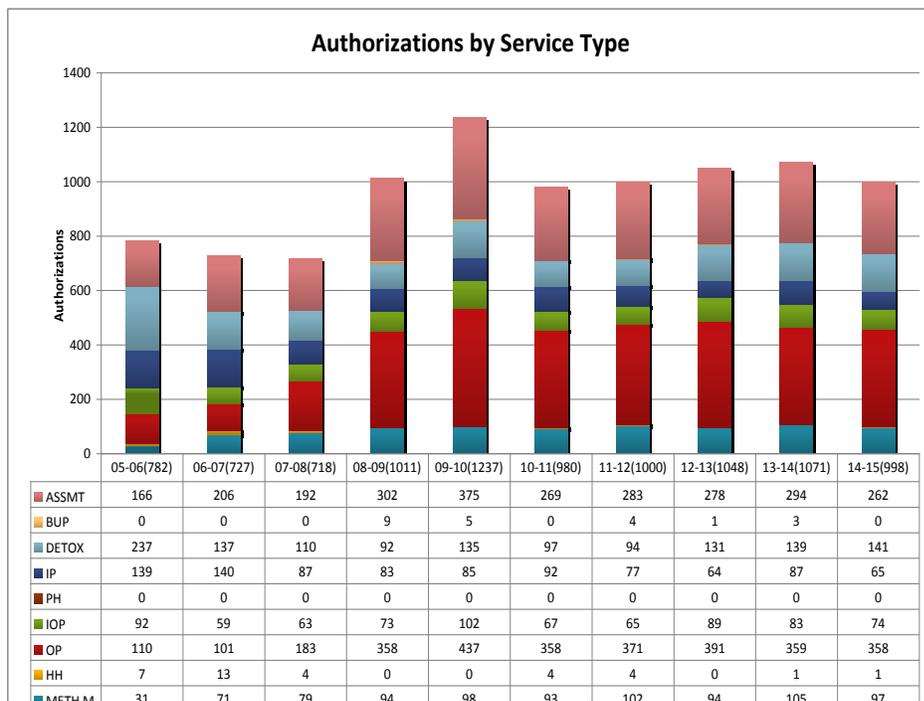
The most significant change in the breakout of clients by race is the increase in the number of Hispanic clients served from 87 in FY 2012-2013 to 99 in FY 2013-2014. This is notable since the Hispanic population has more than doubled in the last decade per the United Way’s 2012 Community Assessment. This trend continued in FY 2014-2015. There was a large drop in the number of Caucasians seeking treatment in 2014-2015; from 444 in FY 2013-2014 to 417 in FY 2014-2015.



Breakout by Type of Treatment

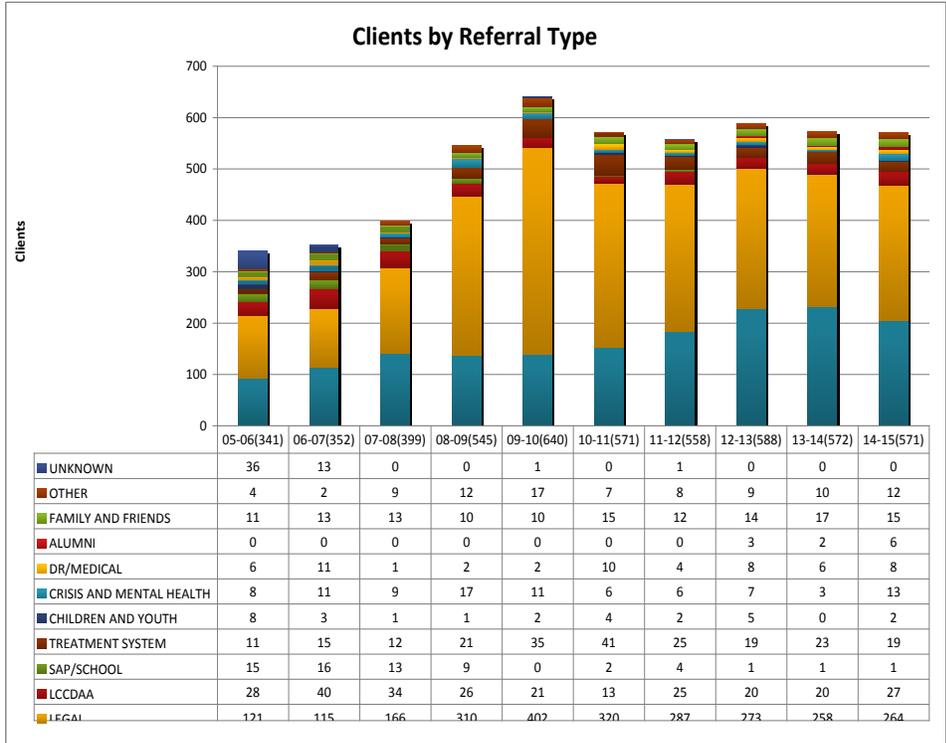
FY 2013-2014 authorizations by type of treatment remained very close to the prior year levels in most categories, the exception being the increase in inpatient treatments. There were 64 in FY 2012-2013 to 87 in FY 2013-2014. The number of assessments has grown over the years, particularly since the inception of the DUI court in 2008. After increases in outpatient (OP) authorizations since 2008 related to the start-up of the DUI Court, this level of care has shown decreases over the past two (2) fiscal years.

Methadone Maintenance (MAT) authorizations have increased since the opening of the Methadone Clinic in 2006. After a slight dip in FY 2012-2013 there was another increase in MAT in FY 2013-2014. In FY 14-15 that number dropped again to 97 clients seeking MAT.



Breakout by Type of Referral Source

The primary referral source continues to be legal and self referral. A large increase in referrals from the legal system followed the opening of the DUI Court and the dropping of the DUI treatment restrictions of Act 122 in 2008.



VII. FISCAL INFORMATION

Reporting Period: 7/1/2014-6/30/2015

Total DDAP Expenditures By SCA

SCA Name: Lebanon

| Program Activity Code | State Allocation General Assistance | SAIF Block Grant Allocation Drug | Federal ATR | State Comp & Prob Granting Tr. | State 603 2014-1 | Federal SFF PCS | Federal HHS/PA/DDAP | Federal HHS/PA DDAP/MS | State One DDAP | Total DDAP/DDAP-Plus Granting Allocations |
|--|--|-------------------------------------|---------------------|--------------------------------------|---------------------|--------------------|------------------------|------------------------------|-------------------|---|
| 51 Administration | \$96,844.01 | \$0.00 | \$0.00 | \$1,571.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$98,415.00 |
| 52 Research | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 53 Evaluation & Research | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 54 Special Projects, DDAP Approval | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL ADMIN (51-54) | \$96,844.01 | \$0.00 | \$0.00 | \$1,571.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$98,415.00 |
| 61 Information Dissemination | \$28,311.00 | \$28,815.00 | \$0.00 | \$5,115.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$62,241.00 |
| 62 Education | \$17,427.00 | \$0.00 | \$0.00 | \$1,275.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$18,702.00 |
| 63 Alternative Activities | \$1,833.00 | \$0.00 | \$0.00 | \$4,165.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$6,000.00 |
| 64 Problem Identification & Referral | \$20,141.00 | \$28,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$48,141.00 |
| 65 Community-Based Process | \$4,985.00 | \$17,152.00 | \$0.00 | \$1,121.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$23,258.00 |
| 66 Environmental | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 67 Other Prevention | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL PREV (61-67) | \$64,696.00 | \$45,967.00 | \$0.00 | \$6,566.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$117,229.00 |
| 71 Interventions | \$2,254.00 | \$38,000.00 | \$14,670.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$54,924.00 |
| SUBTOTAL INTERV (71) | \$2,254.00 | \$38,000.00 | \$14,670.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$54,924.00 |
| 80A Inpatient Non-Hospital Detox | \$0.00 | \$15,143.00 | \$7,450.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$22,593.00 |
| 80B Inpatient Non-Hospital Rehab | \$0.00 | \$11,982.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$11,982.00 |
| 80C Halfway House | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80A Inpatient Hospital Detox | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80B Inpatient Hospital Rehab | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80C Partial Hospitalization | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80A1 Regular Outpatient Drug Free | \$0.00 | \$41,547.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$41,547.00 |
| 80A2 Regular Outpatient Maintenance | \$0.00 | \$7,696.00 | \$22,212.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$30,908.00 |
| 80B1 Intensive Outpatient | \$0.00 | \$1,596.00 | \$9,752.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$11,348.00 |
| 80A Emergency Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80B Recovery Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80C DDAP Approval - Other Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80A Case/Case Management | \$10,281.00 | \$10,000.00 | \$5,531.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$25,812.00 |
| 80F Recovery Support Services | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80D DDAP Approval - Other Recovery Support | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL TREATMENT (80-82) | \$12,281.00 | \$122,739.00 | \$34,183.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$169,103.00 |
| TOTAL | \$155,201.00 | \$207,686.00 | \$115,343.00 | \$25,556.00 | \$25,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$644,483.00 |

SCA Name: Lebanon

Reporting Period: 7/1/2014-6/30/2015

Total Non-DDAP Expenditures By SCA

| Program Activity Code | Total | | Ad 152 | Health Charities | Health Services Dispositions/SES | Child, Youth, and Family | DII | PCOD | Interest Income | County | Clear DIA | Total Non-DDAP Allocations | Total All Funds |
|--|--|---------------------|---------------------|--------------------|-------------------------------------|-----------------------------|--------------------|---------------|-------------------|--------------------|-------------------|-------------------------------|-----------------------|
| | DDAP Expenditures Granting Activities | Bills | | | | | | | | | | | |
| 01 Administration | \$10,518.00 | \$22,724.00 | \$23,973.00 | \$28,614.00 | \$1.00 | \$1.00 | \$21,110.00 | \$0.00 | \$1,114.00 | \$1,981.00 | \$1,981.00 | \$127,266.00 | \$229,594.00 |
| 02 Personnel | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03 Evaluation & Research | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 04 Special Projects, DDAP Approved | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL ADMIN (01-04) | \$10,518.00 | \$22,724.00 | \$23,973.00 | \$28,614.00 | \$1.00 | \$1.00 | \$21,110.00 | \$0.00 | \$1,114.00 | \$1,981.00 | \$1,981.00 | \$127,266.00 | \$229,594.00 |
| 05 Information Dissemination | \$69,781.00 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$170.00 | \$1,641.00 |
| 06 Evaluation | \$21,555.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,633.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,633.00 | \$4,633.00 |
| 07 Alternative Activities | \$1,168.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 08 Problem Identification & Referral | \$1,228.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 09 Community Based Process | \$21,487.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$28,307.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$28,307.00 | \$28,307.00 |
| 10 Other Prevention | \$277.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,405.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,405.00 | \$1,405.00 |
| SUBTOTAL PREV (05-10) | \$117,776.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$34,355.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$34,355.00 | \$34,355.00 |
| 11 Reserved | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 12 Intervention | \$49,124.00 | \$19.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL INTERV (12) | \$49,143.00 | \$19.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$19.00 |
| 13A Treatment Non-Hospital/Inpatient | \$2,642.00 | \$6,072.00 | \$6,426.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13B Inpatient Non-Hospital/Inpatient | \$258,258.00 | \$5,277.00 | \$69,076.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13C Hillary Home | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13D Inpatient Hospital/Inpatient | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13E Inpatient Hospital/Inpatient | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13F Partial Hospitalization | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13G Kingstun Outpatient Drug Free | \$62,756.00 | \$0.00 | \$40.00 | \$0.00 | \$0.00 | \$0.00 | \$1,431.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,431.00 | \$1,431.00 |
| 13H Regular Outpatient Maintenance | \$32,412.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$49,488.00 | \$0.00 | \$0.00 | \$49,488.00 | \$0.00 | \$124,820.00 | \$124,820.00 |
| 13I Intensive Outpatient | \$17,968.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13A Emergency Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13B Recovery Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13C DDAP Approved - Other Housing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13A CaseCare Management | \$118,182.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$23,668.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$23,668.00 | \$23,668.00 |
| 13C Recovery Support Services | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13D DDAP Approved - Other Recovery Support | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| SUBTOTAL TREATMENT (12-13) | \$444,488.00 | \$113,288.00 | \$122,234.00 | \$28,974.00 | \$0.00 | \$0.00 | \$75,107.00 | \$0.00 | \$1,114.00 | \$14,078.00 | \$0.00 | \$96,420.00 | \$1,246,700.00 |

VIII. Barriers

LCCDAA has a County residency requirement for individuals seeking services through the LCCDAA. An individual is considered a county resident when he/she has lived in Lebanon County for a period of not less than six (6) months prior to the date the service is requested, excluding jail time, hospitalization and institutionalization. The struggle with this requirement is that Lebanon County from time to time has a high transient population of individuals who have had a hard time proving their residency, and accessing needed services. The key to addressing these individuals and their issues is early prevention, intervention and treatment. County residency requirements will be reviewed on a case by case basis to help as many people as possible.

Lack of community resources .The LCCDAA will continue to explore all opportunities of community support & resources available to Lebanon County residents who are in need of Drug and Alcohol services. The LCCDAA will try to access these supports and resources for the residents of Lebanon County.

Lack of collaboration by the LCCDAA with other county agencies to include school districts and community group's .The LCCDAA will make every effort to continue to build relationships with other county agencies, school districts and community groups. The LCCDAA will also continue to attend, participate and facilitate committee meetings.

In FY2014-2015 more districts and schools requested services for students through the LCCDAA prevention provider, Compass Mark. This trend also continued with community groups. LCCDAA, along with Lebanon Family Health and Domestic Violence, created a speakers bureau following the PA Department of Education guidelines for curriculum in schools. School counselors were contacted and given copies of the curriculum to review. Two school districts agreed to have the speakers to come in and speak to classes. Other districts have also asked to review what is available to them.

Doctors licensed to prescribe either methadone or Buprenorphine is an issue in Lebanon County. Currently there are only three (3) doctors in Lebanon County licensed to see patients to prescribe this medication.

IX. Trends

Primary Substances- Overall the most common substance for which the LCCDAA provided treatment for was heroin/opiates. The number of individuals who received treatment increased from 245 clients in 2013-2014 to 261 clients in the year 2014-2015. The all-time high in client was in 2009-2010 when we served 640 clients

Alcohol is the second most common substance for which the LCCDAA provided treatment. We saw a slight increase in the numbers from 207 clients in 2011-2012 to 213 clients in 2012-2013. In 2013-2014 that number was 214. In 2014-2015 that number dropped significantly to 178.

In 2010-2011 we started tracking a new category of drug; synthetic substances. The LCCDAA provided treatment for a high of 18 clients in 2011-2012. In 2014-2015 there was a decrease in that number. LCCDAA only provided treatment services for 14 clients.

Age- The age group that received the most services with the LCCDAA for the year 2014-2015 was once again ages 24-29 with a total of 151 clients. This is a slight increase from last year with this age group by 7 clients. The next highest age group who received services was the 30-35 age groups who had a total of 129 clients.

Gender-The LCCDAA provided services to a total of 571 unduplicated clients in 2014-2015, which included 433 males and 138 females. These numbers are all less than the previous two years, but only by one (1) in 2013-2014 and 17 in 2012-2013.

Race -The LCCDAA provided a total of 571 unduplicated clients' services for the year 2014-2015. Caucasian – 471 (decrease), Hispanic-117(increase), African American-37(decrease).and other-0. The Hispanic number is a significant increase from the previous three (3) years; an increase of 32 clients during that period.

Service Type- The LCCDAA in 2014-2015 provided authorizations for different types of services. Out patient counseling was the most common authorization with a total of 358 clients. Assessments were the second most common with a total of 262 clients, followed by detox with a total of 141 clients. In 2014-2015 the only number to increase was for detox authorizations, and that was only by two (2) clients.

Referral type-The most common referral type for 2014-2015 was again legal- with 264 clients. The next most was self- with 204 clients. In the previous year 2013-2014 this was the trend as well.

X. Training

Identified County Training Needs

- The Department of Drug and Alcohol Programs (DDAP), Payer STAR Training.
- The Department of Drug and Alcohol Programs (DDAP), Provider STAR Training
- Training for DUI Court Treatment Team program members.

SCA's contracted providers

- Lebanon County SCA funded Student Assistant Program training for all school SAP team members in Lebanon County.
- Lebanon County SCA participated in the Community Health Council's Cultural Diversity Fair by presenting on the current drug trends.